## PATENT APPLICATION TEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

10/524453

| CLAIMS AS FILED - PART I   |   |  |   |                                   |                     |                               |            | SMALL ENTITY TYPE   |                        | 00         | OTHER THAN          |                        |  |
|--|---|--|---|-----------------------------------|---------------------|-------------------------------|------------|---------------------|------------------------|------------|---------------------|------------------------|--|
|  |   |  | (Column                                       | 1)                                | (Column 2)          |                               | _          | ITPE                | نا                     | OR         | SMALL ENTITY        |                        |  |
| U.S. NATIONAL STAGE FEES   |   |  | /4  |                                   |                     |                               |            | RATE                | FEE                    |            | RATE                | FEE                    |  |
| BASIC FEE  |   |  | SMALL ENT.                                    | <b>= \$</b> 150                   | LARGE ENT. = \$ 300 |                               |            | BASIC FEE           | 120                    | OR         | BASIC FEE           |                        |  |
| EXAMINATION FEE  |   |  | (4) = \$50/\$100                              |                                   |                     | her situations = 100 / \$ 200 |            | EXAM. FEE           | /60                    |            | EXAM FEE            |                        |  |
| SEARCH FEE   |   |  | U.S. is ISA = \$ ALL other cour \$ 200 / \$ 4 | ntries =                          |                     | her situations = 250 / \$ 500 |            | SEARCH FEE          | 0300                   |            | SEARCH FEE          |                        |  |
| FEE FOR EXTRA SPEC. PGS.   |   |  | minus 100 =                                   |                                   |                     | / 50 =                        |            | X \$ 125 =          |                        |            | X \$ 250 =          |                        |  |
| TOTAL CHARGEABLE CLAIMS  |   |  | 15 min  | •                                 | Ø                   |                               | X \$ 25 =  |                     | OR                     | X \$ 50 =  |                     |                        |  |
| IND  | EPENDENT CL   | AIMS                                       | 3 mi  | ٠_,                               | 9                   |                               | X \$ 100 = |                     | OR                     | X \$ 200 = |                     |                        |  |
| MUL  | TIPLE DEPEN   | DENT CLAIM PRE                             | ESENT   |                                   |                     |                               |            | + \$ 180 =          | 180                    | OR         | + \$ 360 =          |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |  |   |                                   |                     |                               |            | TOTAL               | 630                    | OR         | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II  2/9/05 (Column 1) (Column 2) (Column 3)     |   |  |   |                                   |                     |                               | . ^        | SMALL E             | ENTITY                 | OR         | OTHER<br>SMALL E    |                        |  |
| AMENDMENT A  | , ,   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |   | HIGH<br>NUMI<br>PREVIO<br>PAID    | BER<br>BUSLY        | PRESENT<br>EXTRA              |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | · <i>15</i>                                | Minus .                                       | - 2                               | 0                   | = 0                           |            | X \$ 25=            |                        | OR         | X \$ 50 =           |                        |  |
|  | Independent   | . 3  | Minus   | <del>""</del> 3                   |                     | = Ø                           |            | X \$ 100 =          |                        | OR         | X \$ 200 =          |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                                   |                     |                               |            | +\$ 180 =           |                        | OR         | + \$ 360 =          |                        |  |
|  |   |  |   |                                   |                     |                               |            | TOTAL ADDIT.        |                        | OR         | FEE                 |                        |  |
| (Column 1) (Column 2) (Column 3)   |   |  |   |                                   |                     |                               |            |                     |                        | /          |                     |                        |  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER.<br>AMENDMENT |   | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>BUSLY        | PRESENT<br>EXTRA              |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | •  | Minus   | ••                                |                     | =                             |            | X \$ 25 =           |                        | OR         | X \$ 50 =           |                        |  |
|  | Independent   | •  | Minus   | ***                               |                     | =                             |            | X \$ 100 =          |                        | OR         | X \$ 200 =          |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                                   |                     |                               |            | + \$ .180 =         |                        | OR         | + \$ 360 =          | ·                      |  |
|  |   |  |   |                                   |                     |                               |            | TOTAL ADDIT.<br>FEE |                        | OR         | TOTAL ADDIT.<br>FEE |                        |  |
| •  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                   |                     |                               |            |                     |                        |            |                     |                        |  |
|  | The "Highest Nun  | nber Previously Paid                       | For (Total or Inde                            | ependent) is                      | the high            | nest number found             | in th      | e appropriate box   | in column 1.           |            |                     |                        |  |